## NURSE AIDE INQUIRY RESPONSE SYSTEM USER PROFILE

If you don't already have access to the registry, please be sure to complete and return this form to the Department.

To secure access to the Nurse Aide Inquiry Response System, please provide the information requested below. Include the name of a contact person who is familiar with the Nurse Aide Program and will be available for consultation about recent inquiries.

You may also select the method by which you will receive inquiry response letters after contacting the system. The Nurse Aide Inquiry Response System can send response letters via fax or mail. If you choose the fax option, letters will be faxed shortly after midnight on each business day. Facilities and organizations which receive faxed inquiry response letters will not be sent additional copies in the mail.

In order to receive faxed inquiry response letters, your organization must have a fax machine which will be available for overnight posting on any night following access to the System. If your fax machine is not operational at the time of the posting, response letters will be sent via mail. If at any time you wish to change the method by which your letters are received, you may contact Jim Hugg at the Nurse Aide Registry at 617-753-8143 or via e-mail at <a href="mailto:JIM.HUGG@STATE.MA.US">JIM.HUGG@STATE.MA.US</a>

Completed forms may be mailed to the address above or faxed to 617-753-8233.

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USER INFORMA	IATION	
Name of Agency	y:	
Type of Agency:	: a) Home Health b) Hospice	
	c) Homemaker Agency d) LTCF e) Other	
Vendor Payment	nt Number (LTC Facilities only - 7 digits):	
Phone Number (i	(including Area Code):	
Fax Number (incl	cluding Area Code):	
Address:		
Contact Person:	<b>:</b>	
Title of Contact:		